

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026397

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6298

STATE FILE NUMBER

FILED JUN 21 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **ST. LOUIS, MISSOURI**

Length of stay in 1b
15 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **BARNES HOSPITAL**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

St. Louis

admission)

c. CITY
OR
TOWN

Lamay

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

9620 S. Broadway

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

LOUIS

NMN

SMATLACK

4. DATE
OF
DEATH

Month
June

Day
12

Year
1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-5-1892

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
- during most of working life, even if retired)
Tavern Operator - Retired

10b. KIND OF BUSINESS OR INDUSTRY
Tavern

11. BIRTHPLACE (City and state or country)
Prague, Checkoslovakia

12. CITIZEN OF WHAT COUNTRY
U S A

13a. FATHER'S NAME

Frank Smatlack

13b. MOTHER'S MAIDEN NAME

Anna Pravital

14. NAME OF HUSBAND OR WIFE

Bertha

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Bertha Smatlack 9620 S. Broadway

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute pulmonary edema

INTERVAL BETWEEN
ONSET AND DEATH
3 hrs.

DUE TO (b)

Congestive heart failure

3 weeks

DUE TO (c)

Arteriosclerotic Heart Disease

10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **6/22/61**, to **6/12/63** and last saw him alive on **6/12/63**

Death occurred at **7:15 p.m.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

F.R. Bradley, M.D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

6/12/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

6-15-1963

23c. NAME OF CEMETERY OR CREMATORY

Park Lawn Cemetery

23d. LOCATION (City, town, or county)

1600 Lemay Ferry Rd Lemay, Mo.

24. FUNERAL DIRECTOR

ADDRESS

C. Horneimster Mortuaries

7814 S. Broadway

25. DATE RECD. BY LOCAL REG.

JUN 14 1963

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John J. Denny

Licensed Embalmer No.

41940

P. O. Address

St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.